

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVIII.

THURSDAY, MAY 27, 1858.

No. 17.

CASE OF PURPURA HÆMORRHAGICA.

[Read before the Boston Society for Medical Observation, and communicated for the Boston Medical and Surgical Journal.]

BY C. E. BUCKINGHAM, M.D., OF BOSTON.

THE child of E. H. T. was to all appearance perfectly healthy at the time of birth, Dec. 2d, 1857. Up to Dec. 15th nothing peculiar was observed about it, the secretions and excretions seeming normal; it nursed heartily, and slept well. On this day, a red spot was observed under the left angle of the jaw. I saw him Dec. 16th, in the morning. The red spot had disappeared, but there was a slight yellowish tint of the skin, and a spot about the size of a dime over the external condyle of the right humerus. This spot was purplish, and apparently, to the touch, raised. There were a few aphthæ about the lips. A scruple of chlorate of potassa was directed to be given in the course of the day, in sweetened water. On the 17th, at 9, A.M., I was called in haste to see him, and received the following account. About half an hour before, he being asleep, the parents remarked that the skin had lost the yellowish tint of yesterday, and the spot on the elbow had vanished. Within five minutes he awoke, and began to cry, and, while crying, the mother observed him gradually becoming black, and sent for me. When I arrived, he was lying upon the nurse's lap, apparently free from pain. His color was as dark as that of any mulatto. The color was not bilious, neither was it the purple of a "blue" baby, but of that peculiar cast which would have caused it to be mistaken for a negro child, such as is usually seen in this city. When made to cry, the color deepened. The lips, tongue and gums were almost inky black. He would nurse for a few minutes at a time. There was no panting, but the respiration was natural, and the pulse regular and normal. The skin was neither abnormally cold nor warm. Cutis anserina about the shoulders. A dejection just passed was of a golden yellow and well digested. The urine had stained the diaper of a dirty brown. On the diaper, and not mixed with the

feces, was a mass looking like blood which had been mixed with a mineral acid and partially dried, or as much like moistened snuff as anything to which I could compare it. Inside of both thighs were twenty or thirty raised black spots, not more than a twelfth of an inch in diameter, evidently purpuric, and two or three more on different parts of the face. The umbilicus was not perfectly healed, but there was nothing more from it than a slight purulent oozing. Eyes not yellow. I administered an enema of starch, and sent for Dr. John Ware. The enema brought away a golden yellow discharge, but no more blood. Dr. Ware did not remember having seen any similar case. Up to 1½ P.M., the child nursed twice, had another natural-looking discharge from the bowels, and wet two diapers of a dirty color, darker than before. The one upon the child was taken away, and I found another of the snuff-like masses covering the end of the penis and in part lying under the prepuce. This I removed with a pair of small forceps, and there was at once a jerking discharge of urine, less than a drachm of which was caught in a teaspoon. The color was like that of strong coffee. Dr. Calvin Ellis, who examined both the fluid and solid microscopically, says: "The dark-colored dry mass and the fluid contained nothing but masses of granules or minute globules. If this originated in blood, there was no evidence [microscopic?] of it." Dr. John Bacon, who made a chemical examination, was of opinion that it was altered blood. The quantity which was sent to him was small and upon the cloths.

The child nursed well at night, when I saw him with Dr. J. M. Phipps. Through the night he was restless, but nursed. On the 18th the color was perhaps less deep. The purpuric spots on the thighs diminished in size, and that on the elbow almost disappeared. The conjunctival membrane still remained free from yellow cast. At 4½ P.M., he was evidently dying. While examining him, the mother called my attention to a gradual change of color to a yellow hue, which commenced from under the left arm, passed forward so as to include the left nipple, up the left side of the neck, and down the left arm and forearm. There had been two dejections of perhaps a tablespoonful of dark-brown fecal matter. He died, almost imperceptibly, at about 5 P.M. At 10½ A.M., of the following day, rigor mortis was beginning in the extremities. The color of the surface was like that of a person who has for a long time taken nitrate of silver.

The mother of this child had a short labor and had been well after it; she nursed without difficulty, and had abundance of milk. Her husband is in robust health. This was their third child. During the pregnancy, the mother was perfectly well and free from nausea, even. Their second child, born in February, 1855, is still living in perfect health, and weighs 37 pounds. Their first was born in April, 1851, and, though apparently healthy at birth, died of trismus on the same day.

DR. UPHAM'S ILLUSTRATIONS OF TYPHUS FEVER IN GREAT
BRITAIN, DRAWN FROM ORIGINAL OBSERVATIONS.

[Continued from page 313.]

In a previous number of this JOURNAL I have detailed, with some minuteness, an instance illustrating the ordinary course of this fever as seen in England, in a mild form, and free from any considerable complications. The cases of Doolan and Hilton, here adduced, are similar in character. In the next after, the disease will appear as manifested in severer degree, but terminating still in convalescence and recovery. The sketch or skeleton of the next case is this:—

CASE II.—In a man, aged 40, living under unfavorable hygienic conditions—more or less exposed to the fever, were experienced rigors—heat—pain in the back and limbs—nausea and thirst; followed by moderate prostration—mental confusion—slight subsultus—suffused eyes—coated and dry tongue—a faintly-marked, abundant, reddish rash, appearing on the fifth day—hot and dry skin—no chest symptoms—abdomen natural—pulse, 64 to 128—subsidence of symptoms on or about the twelfth day—convalescence synchronous with disappearance of spots on the 14th—no severe symptoms—no complications or sequelæ—rapid recovery. In detail, as follows:—

Michael Doolan, a strong laboring man, 40 years of age, was admitted to the London Fever Hospital, in charge of Dr. Southwood Smith, on the 1st day of June, 1853, having been ill six days.

Previous History and Circumstances.—This patient has lived the past twelve months in Ham Yard Court, Great Windmill St., a place by no means accessible to light and air. He is one of a family of three persons occupying the same room. There are four other families in the house, which is not large. Two persons in this house are now ill with the fever. Several others in the same yard have recently been down with the disease.

Present Attack.—He stated, when admitted, that in the night of Thursday, 26th May, he had pain in the head, joints, limbs and back, with alternate fits of heat and cold and much shivering. Next morning he went out to his work, as usual, but returned in the middle of the day with increased suffering. There was much aggravation of all the previous symptoms, with intense heat of surface, nausea, and urgent thirst. He got a dose of senna and salts; his bowels had previously been costive. On Monday following, the rash was observed faint, of a reddish hue, pretty generally diffused over the arms, chest and legs. He was brought to the Hospital on Wednesday, 1st June. At this time (says the Hospital register) he had no headache, but only a sense of heaviness; mind confused, general powers good. He had great thirst, anorexia, a slightly furred tongue; a pulse of 120, of good power and volume; dry and hot skin; well-marked rash. Four stools, from oil, since admission.

June 3d.—He came under my inspection. Mind still confused; thinks he has been in the Hospital a week. Slept ill, starting and moaning during the night; "feels heavy," but complains of no headache; general powers good, yet unable to leave his bed. He has anorexia and much thirst. His tongue is slightly coated, dry and fissured. Some cough; breathing regular; abdomen natural; bowels free; pulse 120, compressible, of good power; skin hot and dry, abundantly covered with a light rash, of pinkish hue. Mist. acetat. ammon.; Vin. alb., § iv.

4th.—Slept pretty well, but rambled and moaned at night. There is slight subsultus about the muscles of the face; eyes suffused; tongue thinly coated (not furred), dry and hard, red and clean at edges. Respiration 38, regular. Abdomen natural, no pain or tenderness on pressure; two stools, natural; pulse 128, rather full, a little hard, regular; skin dry and hot; pungent odor of surface; some appetite; much thirst; spots darker in hue, but not livid, more persistent on pressure, some few inclined to be petechial. To have the strong fever-mixture of the hospitals, *i. e.*, ammoniæ sesquicarb. gr. v.; mist. camphoræ, § iss. M. § i. quaque 4ta horâ. Also, beef-tea, Oi. per day. Sherry wine, § iv.; gruel, milk and water *ad libitum*.

6th.—My notes show no change of consequence yesterday, except a fainter manifestation of the rash. To-day, complains of no pain; still some moaning at night; face expressive of apathy; eyes less suffused; tongue still dry and cracked, very red (color of raw beef), at edges and tip. Resonance of chest good; some little cough and natural expectoration; respiration 28, easy and free. Two stools, inclined to be watery; urine free; pulse 100, regular, of good strength and volume. Strong fever-mixture continued. Wine, § viij.

7th.—Slept well; general appearance better; intelligence pretty good; eyes clearer; tongue less dry, protruded without difficulty, cleaning; slight cough, no expectoration; resonance good; respiration 32, regular; pulse 88, strong, full; skin less hot; spots not abundant, light colored, most apparent on abdomen, where they appear imbedded in the substance of the skin. Treatment, *ut heri*.

8th.—Improved in appearance; still a little confused on waking; talks a little at night. Tongue clean, except a strip along the middle; no chest symptoms; two natural stools; skin soft and moist; pulse 96, full and of good strength; spots vanishing.

This, it will be seen, is an example of the fever in its mildest form, wifolly uncomplicated, and without anomalies. It is selected on this account, and is, in every respect, a model case of its kind. On the 9th June (the fourteenth day of the fever), convalescence was established, as will appear from the following notes, then made. Slept well and naturally, last night; face brighter; eyes clearer; tongue cleaning, slightly covered with a thin, almost white fur,

edges and tip natural; skin cool and moist; spots barely noticeable, of a pinkish hue—mostly, but a few, dark and persistent, remain on abdomen; belly natural, two stools; urine free, natural; no thirst; appetite gaining; pulse 68, natural. On the 11th, the tongue was again a little dry and brown; pulse 64, full and calm. He had been indulging his appetite rather freely. On the 12th, the pulse had risen to 76, was regular and natural; the tongue moist and clean. His recovery was regular, rapid and complete.

CASE III.—After exposure to the contagion of fever—preliminary symptoms, more or less severe; followed by mulberry rash—flushed face—hot, dry and dusky skin—suffused eyes; tongue at first brown, dry, cracked, swollen, then creamy—sordes—somnia—muttering—dulness of intellect—deafness—respiration 30 to 40—slight chest symptoms—pulse 68 to 112—no noticeable complications—no sequela—convalescence—recovery.

John Hilton, a blacksmith, 22 years of age, was admitted into the London Fever Hospital, in charge of Dr. Southwood Smith, on the 3d June, 1853. He was brought from a "house of detention," where, it is stated, others had been ill with the fever. He is a native of London—is said to have been six or eight days ill, previously to his admission to the Hospital.

Saturday, June 4th.—When my first notes in this case were made, he had flushed face; a dry, hot and dusky skin; suffused eyes; dry, cracked and swollen tongue; sordes. He had, according to report, slept but little, and moaned and talked at night. His intelligence is dull, mind confused—thinks he has been in the hospital a week. Respiration 40, interrupted and laborious; dry cough; abdomen flaccid; four liquid stools in bed; urine in bed; pulse 112, regular, soft, compressible; spots well diffused. He is taking the strong fever mixture of the hospital, $\frac{3}{4}$ i. quâque horâ 4ta; Vini, $\frac{3}{4}$ vi.

5th.—He has passed an unquiet night, dozed rather than slept; moans and talks incoherently; is dull and stupid; eyes injected; face fuliginous; tongue dry, fissured, brown, almost black coat over the whole of its upper surface, extending to its edges and tip, but flanked by a creamy fur on each side, peculiar; sordes on teeth and lips; some cough, with occasional sighing; sensitiveness of surface, marked and pungent odor; spots appear to be raised, and are sensible to the finger, partly disappear on pressure. Wine, $\frac{3}{4}$ vi. Strong fever-mixture. Beef-tea, milk and water *ad libitum*.

On the 6th my memoranda are brief, and as follows: a good night; tongue still crisp and dry in centre, creamy at the sides, offering same peculiarities as yesterday; respiration 40, regular; coughs more; stools in bed; urine in bed; pulse 100, regular; spots can be felt by passing the finger lightly over the surface; senses dull; deaf. Treatment, *ut heri*. Patient is reported to have slept on the following night. Next morning (June 7th), ap-

peared brighter; better intelligence and powers; still deaf, says he was not so before the present illness. Tongue moist, loaded with a heavy creamy coat, cleaning at tip and edges. Breathing regular, 32; less cough, expectorates easily; resonance good; abdomen natural; urine high colored, thick, sedimentous; pulse 100, regular, weak; skin cool, soft; spots fainter, pinkish in hue, disappear on pressure; surface losing its dusky hue. Treatment the same.

8th.—Has slept none; mind unsettled—he was somewhat wild in the night, and left his bed several times. Is now quiet; eyes clear; tongue is protruded with difficulty, tremulous, moist, otherwise as yesterday; no chest symptoms; abdomen natural; two stools, light and watery; urine less thick, amber-colored; skin moist; spots less noticeable, some remain on abdomen which can be felt.

9th.—Slept well, says the nurse, “and no muttering or rambling.” Is sleeping also at time of visit; lies now for the first time on his side. Suddenly waked, he is somewhat flighty, but becomes speedily conscious; deafness continues; tongue is protruded with some difficulty, moist, still covered with creamy coat, mostly confined to centre and base. Respiration 32, easy, regular; no cough; abdomen natural; two stools, out of bed; urine out of bed; rash is lighter, confined more to abdomen, and persists on pressure; skin still rather hot; thirst. No alteration of treatment.

On the 11th, this patient was convalescent, as appears by the following notes: Slept well; eyes clear; tongue clean at edges and tip, its thin and creamy lining more confined to the base; respiration easy and natural; pulse 68, natural; powers and intelligence (such as it is) good; skin is moist, cool; some appetite; no thirst; spots gone. This is a case of fairly medium severity, and is the less valuable as a record, since it was not seen at the onset of the disease, and the natural stupidity of the subject was such as to preclude all chance of any reliable history of his previous condition.

CASE IV.—A woman, in previous good health—exposed to contagion of fever—vomiting—pain in head, back and limbs—rigors—heat—thirst—florid rash observed on sixth day—flushed face—suffused eyes—loaded, dry, brown, cracked, swollen tongue—sordes—pungent odor—respiration 24 to 44—moderate cough—slight tympanitis—drowsiness—stupor—mutterings—delirium—pulse 100 to 130, regular, compressible—disappearance of spots on the thirteenth day—of fever on or about sixteenth day—imperfect convalescence—obscure, but unimportant complications—recovery.

Emily B., a stout, well-formed woman, about 18 or 19 years of age, from High Holborn St., came into the wards of the London Fever Hospital, Wednesday, June 3d, in charge of Dr. Southwood Smith.

Previous History and Condition.—Is one of a family of fifteen

children. Her mother was "a sickly woman," and said to be "inclined to consumption." Several of her brothers and sisters have indicated a tendency to the same disease. Represents herself to have been in sound health previous to this attack. She was born and has always lived in London. Mode of life and habits questionable. Says she has been exposed to contagion, having been several times present with a person ill of the fever.

Present Attack.—She states that on Sunday, 29th May, she was taken suddenly with vomiting, headache, pain in back, limbs, joints, bones, &c., but kept about till the next day. On Tuesday, thinks she had less headache, but more pain in back and limbs, with rigors, heat, thirst. Her bowels had been moved by a cathartic previous to admission. On Wednesday, the day of admission, and the day following, she is reported to have had an aggravation of all these symptoms, with the exception of headache, which was but trifling. She first came under my notice on

Friday, June 5th—sixth day of fever. Patient has now no headache, but much pain in bones and limbs. No perversion of special senses; powers feeble, unable to leave the bed. She has slept ill; her face is flushed; eyes much suffused; tongue dry along the middle, inclining to crack, its edges lined with moist, white fur; light sordes on teeth and lips; chest natural; a little cough; bowels have been natural; four stools by oil; urine free; pulse 130, regular, soft, compressible; rash florid in hue, appearing over whole body, disappearing under the finger. Is taking the strong fever-mixture of the hospital, *i. e.* ammoniac sesquicarb. gr. v., mist. camphoræ, 3 iss.; one fluid ounce every four hours; also wine, four ounces per diem, gruel, &c.

6th.—Is reported by the nurse to have slept but little; was restless and talkative during the night; special senses good; powers weak; no headache; less pain; face flushed, dusky; tongue dry, hard, fissured, still furred on its sides; sordes on teeth and lips; breath foetid; complains of bad taste in mouth; a little pain in throat; swallows with difficulty; respiration 40, somewhat irregular and difficult; chest, on auscultation and percussion, natural; some cough; abdomen slightly sensitive to pressure, no tympanites; one stool, natural; urine free, natural; pulse 120, regular, weak, compressible. The rash is more abundant, florid, generally diffused, disappears under the finger; skin is neither very hot nor dry, exhales a pungent, offensive odor; patient lies on her back, moans and tosses. There is considerable nervous and muscular agitation. To continue strong fever-mixture; wine, six ounces per diem; beef-tea, milk and water *ad libitum*.

7th.—Has had but little sleep during the night; moans at times; intelligence somewhat obscured; powers pretty good; decubitus easy; memory perverted, thinks she has been in the hospital two weeks. Complains of no pain; eyes much suffused, conjunctivæ injected; very bad taste in mouth; tongue is dry and hard, coat

thicker along the middle, edges and tip clean; less sordes on lips; face less flushed; respiration 44; some cough and expectoration at night; resonance good; bowels a little tympanitic; no stool; urine free, light, deposits a slight sediment; the skin is not very hot; spots fainter on arms and chest, more marked on abdomen; pulse 116, soft, compressible, regular. There is approaching stupor manifested on withdrawal of attendance and questions; some twitching of the tendons at the wrist. To continue treatment.

8th.—Patient is reported to have slept but little during the night; moaned and talked incoherently and incessantly; at times intractable. Was sensible when roused for her medicine. She is now lying on her back, breathing heavily, with marked stupor; can be readily roused, but immediately relapses into a doze. Eyelids not quite closed; cheeks have assumed a dusky hue; tongue dry, fissured, its middle hard, thick, swollen, shiny at tip; respiration 24, inclining to stertor; skin very hot, but moist, tawny; spots fading, still abundant, most apparent on abdomen; pulse 116, soft, regular, compressible. Treatment, *ut heri*.

9th.—Is reported to have been in a state of high delirium from 7 o'clock till 11, last night, since which has slept at intervals; power completely prostrated, lies as she is placed, unresistingly; is now dozing, with eyes half closed, showing a segment of the white; conjunctivæ (as much as can be seen) injected; tongue dry, thick, swollen; teeth and lips loaded with foul, black sordes; face dusky, fuliginous; respiration, which during the night is stated to have been "quick and gasping," is now easy and quiet, 32. She had taken, this morning, *ol. ricini*, ʒ ss., which has produced a copious evacuation. Urine free, sedimentous; spots generally diffused, but faint, do not wholly vanish under the finger, most abundant on abdomen. There is very marked stupor, patient being roused with difficulty; thirst urgent; throat very dry, she breathes only through the mouth; pulse 112, a little harder to the feel. Strong fever-mixture; wine, ʒ iv. per diem; beef-tea, milk and water *ad libitum*.

10th.—Slept the greater part of the night; talks and moans a little in sleep; intelligence better; some deafness; eyes clearer, less suffused; complains of no pain; decubitus dorsal; face clearer; tongue dry, cracked and swollen, covered with thick crust, edges and tip clean; less sordes on teeth and lips; respiration 40, regular, accompanied by some moaning; no chest symptoms; abdomen natural; three stools, scanty, passed sensibly; skin hot and dry, exhales a pungent and peculiar odor; spots disappearing; pulse 112, regular, soft, compressible; no appetite; much thirst. To continue treatment.

11th.—Is reported to have slept well, without moaning; is more intelligent if roused, but a disposition to stupor continues; face brightening; eyes less suffused and injected; tongue protruded with difficulty, dry, black, swollen, covered with thick crust; pa-

tient appears to breathe wholly through the mouth; sordes on teeth and lips moderate; respiration 36, somewhat irregular; chest signs good; a little loose cough; abdomen natural; one stool; urine free; skin less hot, but dry; spots barely noticeable; complains of no pain; thirst urgent; pulse 104, regular, of moderate volume.

12th.—Is reported to have slept well; appears this morning brighter, more intelligent, face and eyes clearer; complains of no pain; tongue less swollen, hard and dry along the middle, red at tip and edges; a brown sordes on teeth, moderate in amount, a little on lips; chest resonant; a little cough; abdomen slightly tympanitic; one stool, dark, scanty; urine plenty, free, light colored, not wholly clear; skin moist and cool; spots disappeared, except from abdomen, where they may still be discerned; pulse 100, regular, of moderate strength and volume; there is still some inclination to stupor, patient requiring to be roused to answer questions intelligibly. Same treatment.

13th.—Patient has slept well, though a little muttering at night; eyes clearer; tongue thickly coated with brown fur, less dry, edges and tip natural; teeth and lips free from sordes; respiration 48, easy and regular; patient complains of cough; no expectoration; no noticeable chest symptoms; moans a little in breathing; abdomen natural; one stool, lighter, scanty; urine is plenty, natural; spots not noticeable; pulse 100, regular, soft, of good volume; there is no appetite; urgent thirst; intelligence unimpaired; some inclination to stupor and drowsiness. Continue treatment.

On the 15th my notes are as follows: patient now appears perfectly sensible; intelligence and general powers good; lies on either side at will; can get out of bed; tongue is cleaning, but still coated at base; teeth and lips natural; no appetite; much thirst; skin cool, moist; respiration easy, natural; cough is inconsiderable; no expectoration; one stool, watery, out of bed; urine free, high colored; pulse 100, regular, compressible. These are my last notes in this case. The fever is now gone; the patient cannot, however, be said to be fully convalescent, some obscure, but not important complication existing, as manifested by the rapid pulse, the still coated tongue, thirst, and absence of all appetite. I had no farther opportunity to observe the case.

On the Discrimination of Albumen.—The detection of albumen in urine is very simple. A small quantity of the urine is to be heated until it boils, in a test-tube, over the flame of a spirit-lamp. As soon as the temperature of the liquid becomes raised over 170° Fahr., the albumen will become coagulated; and if the test-tube be set aside for a time, it will become deposited, when it may be collected, dried, and weighed. The precipitate albumen is soluble in solution of potash, but insoluble in nitric acid.—*Dr. Hassall's Lectures.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Tracheotomy in Croup. (Continued from page 323.)

At a subsequent meeting (May 10th) Dr. CABOT stated that since the report of the case by Dr. ELLIS, he had performed tracheotomy in two instances, in both of which the disease terminated fatally. In another case of croup to which he alluded, the patient was aphonic until just before he saw it, in consultation, four or five days after the attack. At this time the voice had returned, several portions of false membrane having been expelled. The result he had not learned.

In answer to Dr. H. J. BIGELOW, who asked what he would consider an indication for the operation of tracheotomy, Dr. C. said that he should generally wait until the case had become desperate. The surgeon must necessarily be guided by the feelings and wishes of the patient's friends, who are too apt to regard the operation as a formidable one, and are hence opposed to its performance until the case is past hope, and even then to attribute to it the fatal termination. In a child of his own, he would operate earlier than in another.

If the progress of the disease and the formation of false membrane be rapid, he should have little confidence that the operation would do more than afford temporary relief, by allowing the free access of air to the lungs: one effect of which is also to counteract the depression that constitutes so dangerous an element of this disease, and thus remove one obstacle to recovery. He alluded to the proportion of favorable cases of tracheotomy, as given by Trousseau, this being about thirty per cent.

Dr. LYMAN thought this operation unlikely to prove successful where the membrane extends below the cricoid cartilage. He was of opinion that the proportion of favorable to unfavorable cases that have been here reported is as large as that given by Trousseau.

Dr. Bigelow made a distinction between cases of croup in adults and in children above 6 years old, in which he would not hesitate to operate, and in children under that age.

Dr. GAY said that the membranous formation may appear primarily in the bronchi and ascend to the trachea, larynx and fauces. In all such cases tracheotomy holds out scarcely any hope of relief, temporary or permanent. Again, it may appear primarily in the trachea or larynx, and subsequently in the fauces; tracheotomy in such cases may save the life of the patient. Or, the membranous formation may show itself primarily in the fauces, and descend into the larynx. It may stop here or descend still further into the trachea and bronchi. When the membrane is limited to the fauces and larynx, he saw no reason why tracheotomy should not save life. The chance of success must be less, the further the membrane has descended. Again, the membrane may be wholly confined to the larynx, without any deposition of it in the fauces, trachea, or lungs. In such a case tracheotomy offers every chance of success.

If a patch of membrane is seen upon the tonsils or any part of the fauces of a patient with the symptoms of commencing croup, and those symptoms increase in severity, particularly if the respiration becomes more and more obstructed, there is a strong presumption of

the formation of membrane in the larynx, and an early and immediate operation is indicated. An early operation seems also justifiable, even if no membrane has appeared in the fauces, when decided croupy symptoms, of a grave character, show an evident progress and increasing severity.

The operation of itself very rarely hastens death or causes unnecessary suffering to the patient, even in those severe cases where, from the extent and locality of the disease, death must inevitably follow. On the contrary, the relief to the respiration, the congested condition of the lungs and other distressing symptoms, is often very marked, and where death does follow, it follows more easily and quietly. The operation is by no means always followed by bronchitis or pneumonia, and when present the case is not necessarily fatal, though the danger is greater. Tracheotomy, as a last resource, finds the patient almost asphyxiated or moribund, and the almost inevitable result is unquestionably hastened by the extent and locality of the membrane, and the mechanical obstruction which it presents, the congestion of the lungs, and the action upon the brain and system generally of the imperfectly oxygenated blood.

Auscultation alone will not furnish, in most cases, any precise information as to the locality or extent of the membranous exudation in the lungs, as the noisy and labored respiration acts strongly in masking and rendering indistinct any respiratory murmur. Percussion and rational signs may help somewhat in determining the condition of the lungs.

Dr. GRAY considered that the great relief to the patient, even should the operation prove unavailing in preventing a fatal termination, warrants its performance, and alluded to a case in his own practice in which, although the patient survived only twenty-four hours, the relief was most marked.

Dr. Lyman remarked that the opinion that had been expressed by English physicians, that death, occurring after tracheotomy in croup, is due to the supervention of pneumonia, would hardly be borne out by the cases that had been recently here reported.

Dr. JACKSON remarked that the situation of the false membrane has a very important bearing on the question of tracheotomy. He had never seen any statistical record on this point; he would say, however, from recollection, and in regard to the dissections that he had made in cases of membranous croup, that the membrane is always found to extend over nearly, and, he believed, the whole mucous surface of the larynx, closing up the ventricles, and often lining the under surface of the epiglottis, at the edge of which last it generally stops very abruptly. In one, and perhaps two cases, it has just extended into the upper part of the trachea and there ceased; in a majority of cases, it has ceased toward the lower end of the trachea; not infrequently, it has extended into the larger bronchi; and, in a few cases, it has reached many of the smallest tubes that could be examined with common instruments; the small bronchi, in these last cases, being very generally throughout the lungs quite free from membrane. In the pharynx, the membrane has often been found, sometimes appearing early, sometimes late, and sometimes not at all so far as observed.

The disease has sometimes been called tracheitis, and the membrane has been said to be first formed in the trachea, and to extend from thence upward and downward. Dr. J. believed that an anatomical

mistake may have been committed upon this point; the membrane being so much thinner, and so much more adherent, not to say firmer, in the larynx than it is below, its presence might well be overlooked in some cases, and the transparent and very tenacious secretion that is often found in the pharynx and larynx, and which forms so important an anatomical element in the disease, being sponged from the inner surface of the larynx, we may mistake the false membrane for the mucous membrane.

Dr. H. J. BIGELOW believed that this operation affords slight hope of recovery from croup in young children. The statistics of Trousseau, so frequently cited in its favor, have not been confirmed by the experience of other practitioners. Upon this point he quoted the late edition of Erichsen's *Surgery* as competent English authority. "In no instance have I [the author] as yet succeeded in eventually saving a child by this operation; and I think that the general experience of surgeons in this country is unfavorable to its performance. Trousseau, who strongly advocates tracheotomy in croup, has, however, published a large number of successful cases in favor of this proceeding. But even in Paris it is not a very successful procedure; thus it appears that at the Hospital for Sick Children in that city, the operation has been performed 215 times in the last five years, and that of these only 47 were cured. Unless we assume that the disease, as occurring in Paris, is different from the form of croup we meet with here, I think it may fairly be doubted whether an operation could be necessary in many of these instances, and whether a large proportion of the children might not have recovered under ordinary medical treatment."*

Dr. B. doubted whether the small percentage of success in operations upon young children in this neighborhood, was greater than that of recovery in bad cases without operation. Trousseau had formerly assured him that even in his successful cases he had operated only as a last resort. Dr. B. did not believe that an earlier resort to operation would arrest that extension of the disease into the lung, to which a fatal termination is usually due, provided the child lives long enough. He referred, however, to the Society's Records for 1853, where, with the details of an exceptional case, with an unusual amount of mechanical interference, he had expressed himself, on the whole, in favor of the operation; but subsequent results have not greatly encouraged this view. Apart from Trousseau's statistics, the arguments may be thus stated:

FOR OPERATION.

The admission of air and the resulting economy of strength.

Abatement of suffering.

Prolongation of life.

AGAINST OPERATION.

There is no evidence that this retards the extension of the inflammation to the lungs.

It is difficult to keep the inner tube, and the trachea just below it, free from obstruction by lymph, &c., and severe suffocative paroxysms occur. The suffering may also be relieved by opiates.

In some cases this is unquestionable, but generally not to be desired if the disease is to terminate fatally.

* Erichsen's *Surgery*, second edition, 1857, p. 759.

Without it, the patient may be strangled by disease almost confined to the larynx.

Rarely ; and in such a case it is generally difficult, if not impossible, to affirm the sound state of the lung from physical exploration, or in any way to get satisfactory evidence that the disease is confined to the upper part of the trachea, so as to indicate the propriety of operation on that ground.

In conclusion, the results do not furnish much encouragement, and Dr. B. considered the operation, in the case of young children, optional with the friends, rather than one to be advised by the surgeon.

Bibliographical Notices.

Tendency of Misdirected Education and the Unbalanced Mind to produce Insanity. By EDWARD JARVIS, M.D. Reprinted from the American Journal of Education for March, 1858. Pp. 22.

Dr. JARVIS states it to be "the true purpose of education to draw out, cultivate and strengthen the mental and the moral powers, and to subdue and discipline the appetites and passions ;" the result arrived at being a *well-balanced mind*, which consists in the "due development of each and all the mental and moral faculties, and their proportionate and harmonious action."

The essay then points out in what ways, and by what means, the balance of the powers above mentioned is disturbed in some, even within the limits of what is usually called sanity. In conclusion, Dr. J. says, "From all these causes [of disturbed mental or moral equilibrium] singly or combined in many complications, there arise manifold varieties of waywardness, which we meet, in some form or other, in every society. In all these persons the balance of mind is more or less disturbed, and the soundness of judgment more or less vitiated. From all proceed at times, opinions, language, or acts, that, taken by themselves, would be deemed insane." * * * * "They are all travelling in that road everywhere strewn with error and failure, and where insanity often lies."

Nothing is said, in Dr. Jarvis's paper, of the importance of exercising the physical powers, as necessary to the development of the psychological forces. This is the point which, it seems to us, College Faculties and School Committees need to have forced upon their attention.

L. P. JR.

Journal de la Physiologie de l'Homme et des Animaux. Publié sous la direction du Dr. E. BROWN-SÉQUARD. Paris : Chez J. B. Baillière et Fils. 1858. No. 1. 8vo. Pp. 216.

The appearance of a new journal devoted to the department of Physiology, and conducted by so eminent a physiologist as Dr. Brown-Séquard, is an event in the annals of medicine, and one of special interest to America, from the fact that the editor is an American citizen, and that he has contributed largely to American periodicals on the subject of his discoveries. We believe that the first number of the new journal will be found to answer the expectations of the scientific

public. It contains a large number of original articles on various physiological subjects, by the editor, M. Ch. Robin, M. Ch. Martins, Bence Jones, M. Bloudlot, and other eminent physiologists. A translation of a paper by Dr. F. G. Smith, which originally appeared in the *Philadelphia Medical Examiner*, also forms a part of the first number. It is an account of a series of experiments in digestion, made on Alexis St. Martin, and is an important contribution to our knowledge of the functions of the stomach.

The second part of the work is a chronicle of physiological science, containing articles on various subjects. We notice an abstract of an article by Mr. D. Buxton, from the *Liverpool Med.-Chir. Journal*, on the *hereditary transmission of deaf-mutism*, in which it is stated that the offspring of two individuals, affected with this condition, are seven times more likely to be deaf and dumb, than is the case when one parent only is affected.

We need not say that we heartily recommend Dr. Brown-Séquard's *Journal*, as likely to be one of the leading periodicals of the world in the department of physiology. The agent for this country is Mr. H. Baillière, 290 Broadway, New York.

Christianity in the Kitchen. A Physiological Cook Book. By Mrs. HORACE MANN. Boston: Ticknor & Fields. 1858. Pp. 189.

At first the leading title of this book somewhat puzzled us; but, upon a little reflection we decided that, as it is well to carry Christianity into everything in daily life, it is especially needful that the Christian graces be brought to bear in a department of household duty which often involves so much severe trial to the mistress of a family. To be sure it is very difficult to let the full effulgence of the said graces beam out as it should in the midst of the ignorance, doggedness, stupidity, carelessness and impertinence, which, alas! are too commonly the characteristics of servants in this progressive century. However, these things being so, there is all the more need of "Christianity in the Kitchen."

We have personally been more interested in the Preface than in perusing the receipts, &c., which duty we have delegated to one "who knows"; and our opinions of the formulæ will be gauged by the verdict rendered.

To come at once to the point, we like the book, and would express the hope and belief that it will have an extensive sale. Had not its intrinsic merits been apparent, it would never have rejoiced in its present worthy publishers. We will warrant they know what is good and wholesome gastronomically, as well as what is healthy in the book-trade. May their tables always be as well filled and as handsomely garnished as at present!

We will hazard one or two suggestions semi-critical of portions of the Preface—an important part of this, as it should be of every book. When Mrs. Mann says that "chemical analysis should be the guide for the cookery book," we can only partially endorse the statement. Mainly, it is undoubtedly true; but, in the preparation of food, and still more so in the adaptation of it to the wants of the stomach, and of individual stomachs, of very various tone and requirements, chemical rules cannot be over strictly applied. The doctrines of Liebig, at first unhesitatingly accepted, have not obtained that success and veri-

fection which was confidently predicated for them. Mrs. Mann quotes from the writings of this justly-distinguished chemist, and more fully from Dr. Johnston's "Chemistry of Life," in most instances judiciously and pertinently. Too many chemical notions, however, should not be administered to people to be swallowed with their food, lest they nervously imagine themselves laboratories, too literally, and precipitate some articles or cause others to combine unpleasantly.

The foundation of Mrs. Mann's receipts—or rather we should say their pervading essence—is CREAM. This is a reform indeed; and we hail with pleasure the successful substitution of an innocent, nutritious article for the *grease* that has so long held its place. The chief difficulty in adopting the author's plan is the expense and the almost impossibility of procuring *real* cream.

We fully endorse the author's proscription of *cream* of tartar, saleratus, soda, &c., which have been so universally heaped into our food. Is it said that occasionally, and when properly used, these articles are not only innocuous but useful? Possibly—but the difficulty is to have them *properly* used. It is better to throw them overboard than to incur the risk of becoming literally impregnated with them. We have had too much reason to realize the appropriateness of the author's motto on the title-page—"There is death in the pot."

There are many other topics upon which we should like to touch, but our lack of space forbids. We may take a future occasion to recur to them in connection with a late article on "Food and Drink" from *Blackwood's Magazine*, and re-printed in *Littell's Living Age* for May 1st, 1858.

The volume we have noticed contains a large number of very excellent Receipts, a Dietary for the Sick, and an Appendix devoted to French Cookery.

Mrs. Mann must excuse us if we demur at her use of our Saviour's words at the last supper, as applicable to our meetings at the "social board." Whilst we agree with her that nothing is more appropriate than to desire and "invite the spiritual presence of Him who said: 'Do this in remembrance of Me,'" we consider that there is a peculiar and sacred restriction of them to the celebration of the ordinance above named, and that they are misplaced elsewhere. With the general tenor of the author's remarks we cordially agree.

We do not intend to be captious, either, when we intimate that although the London *Lancet* is certainly one of "the leading medical periodicals of the day," it hardly bears the very distinctive title of "the leading" one. A lady, however, is not supposed to be deeply versed in medical literature, and the expression is of minor consequence.

We remark the copious and excellent extracts from Dr. Griscom's writings, and the allusion to Mr. Youman's forthcoming work, which is likely to be of much service in elucidating the chemistry of food, and the detection of adulterations in the various substances on sale in grocers' establishments.

What stronger temptation can we offer to housekeepers to purchase this little volume than to say that by following its rules we think its "object" will be fully realized; and its object is, "to show how healthful, nutritious, and even luscious food can be prepared, without the admixture of injurious ingredients."—(*Preface.*)

Ophthalmic Hospital Reports, and Journal of the Royal London Ophthalmic Hospital. Edited by J. F. STREATFEILD. London: pp. 49.

WE welcome to the list of medical periodicals the above-named publication, which is promised as a quarterly record of ophthalmic observation and experience, and is published under the sanction of the Medical Council of the most important of the English Institutions for the treatment of Diseases of the Eye.

Our readers may form an idea of its value when they know that such men as Messrs. Dixon, Bowman, Poland and Critchett are among its most interested contributors. The fact must be admitted that the profession is in want of information, given in a practical and concise form, in regard to the improved modes of treatment of many of the diseases of the eyes, which have been the result of the experience of accurate and skilful observers enjoying the opportunities afforded by a field so ample as the Royal London, otherwise known as the Moorfields, Hospital. In addition to papers by its accomplished editor, Mr. J. F. Streatfeild, the present number contains a paper by Mr. Poland, on Protrusion of the Eyeball, an important paper by Mr. Bowman, on the Treatment of Lachrymal Obstructions, and a Quarterly Report of the chief operations performed at the Hospital. Mr. Bowman's paper demonstrates (what has always been our own opinion) the inutility and impropriety of resorting to the insertion of a style or tube, or of destroying the sac by means of the actual cautery, and advocates means of dilatation which are not only more scientific, but also more simple and effectual. The Report of operations gives, not the bare statistics only, but a brief account of the modes of operation, an explanation of the principles on which any novel operative procedure is based, and a statement of the results so far as ascertained.

The Hospital is thus fulfilling its double mission, in not merely benefiting those who are the immediate recipients of its advantages, but in diffusing information which will be of service to thousands. W.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 27, 1858.

INFANTS—MORTALITY.

THERE is in every community a very large proportion of deaths among children. It is true that their diseases have of late years been more thoroughly studied and better understood; and it is to be hoped that much is now done which formerly was not done, and also that many things are left undone which were once pertinaciously and injuriously carried out. In no instances, perhaps, is the *nimia cura medici* more to be dreaded than when it is brought to bear constantly upon the countless slighter ailments which almost no child escapes. In our days the advantages of hygienic management, good nursing, and judicious medication, may be said to be fully realized and acted upon.

A late number of the *Lancet* (April 3d, 1858) sets forth in strong terms the ills that London babies may be considered "heirs to." The insufficient care given to infants by poor, and too often by wealthy,

mothers, is, in this country as elsewhere, a powerful element of evil. Poverty, which entails severe labor upon the mother as well as the father of a family, necessitates the absence of the former from home in many instances; and thus exposes young children to the mercies of a neighbor, herself over-burdened probably, or obliges their incarceration in small unhealthy quarters, into which they are often locked for hours.

Less excusable, because voluntary and clearly unnecessary (nay more—highly culpable), is that neglect—not to call it desertion or even a worse name—which consigns so many children of the opulent almost exclusively to hirelings. Whether it be the exacting calls of Fashion and Pleasure, or the worse than foolish regard for the preservation of what some women are pleased to term their figure—i. e. the repression of a natural God-given function and condition, in order that they may be more presentable in the ball-room—which lead to this conduct, no denunciation of it can be too strong. The mother who can feed her child with her own milk, without detriment to her health, and whose milk is what it should be to afford the child due and proper nourishment, is sacredly bound to do it. When the infants of the poor waste away and die for want of sustenance, we may commiserate, but we rarely can blame. Often, also, it is a merciful thing that they are taken; and the same may be said for those whose lot is worse than that of orphans—the illegitimate. But how stern an account will those have to render, who on the ground of self-indulgence, or by carelessness, bring feebleness, deformity, or fatal disease upon their own offspring! The following paragraph from the periodical we have above cited, is not a whit too severe and searching in its expressions:—“The wailing, dwindling infant, confided to an inefficient or careless wet-nurse for its sole means of sustenance; the ‘child of misery, baptized in tears,’ whose little life is starved away; the babe who slowly but surely dies from repeated doses of sedatives—all these are the Witnesses which may well make many a mother tremble lest, for the little life thus blighted here, an accusing spirit should confront her in the Hereafter.”

It has often been said, and indeed it is a popular belief, that much of the infant mortality in cities and large towns is to be ascribed to the close and vitiated atmosphere of such places. It is considered, however, that altogether too much importance has been attached to this state of the air, when it exists—for it does not uniformly exist. We are not about to maintain that country air, in general, is not more pure and healthful than city air usually is; but that the latter is constantly of such a character as to deteriorate the health of children or adults, is by no means true. That it is open to such a charge under certain conditions and in certain parts of a city or large town, no one can reasonably deny. The larger portion of our own city, we think, may be relieved from such an imputation. That children often quickly rally, when pining in a city, after going into the country, is ascribable to several things besides the mere change of air. But the *change* alone is often the main beneficial thing, just as an alteration in diet is of marked benefit. An occasional alteration in the food of the lungs is perhaps as essential in many cases as the usual variation in the food for the stomach. No single article suffices for the sustenance of the body through the processes of digestion.

Those who see out-patients, at a hospital or infirmary, do not need

to be told what influences, in myriads of cases, have brought infants to the condition of animated skeletons, or repulsive and pitiable little specimens of disease. Physicians, and any persons who visit the poor, can enter into the spirit and feel the truth of the following words, which we quote from the English journal. "It is amongst poor children that the mortality is incalculably greatest; and when it is considered what they undergo, and the conventional treatment to which they are subjected, we can only wonder that so many escape. 'How do you feed your child?' asks a medical man, compassionately looking at the emaciated little form which typifies hundreds daily brought to our hospitals. And this is the stereotyped answer, 'she just has a taste of whatever I eat myself'—meat, potatoes—often gin; scanty nourishment drawn from breasts whose secretive power cannot eliminate milk from a half-starved frame, and the unwholesome, diluted milk of unhealthy, badly-fed cows: such is the nourishment afforded to thousands of children on this day of an enlightened age in this capital city of a civilized country where we count the gray barbarian lower than the Christian child!"

The question of the purity of milk is one which has, especially of late, excited much interest: and the developments which have been made in certain quarters with reference to the performances upon the unfortunate cows of modern *laiteries*, are certainly astounding and revolting. That authoritative intervention ought to be employed in these instances is surely sufficiently evident. We agree with the editor of the *Lancet* when, in reference to the French regulations in this matter, he writes: "In Paris it is compulsory that only pure milk be sold, and a heavy fine is inflicted on the transgressors. There is no valid reason why the same system should not obtain in this country [and, we add, in this also]; yet those who sell spurious tobacco are heavily punished, whilst the one article of food that forms the sole support of thousands of [children] may be adulterated and diluted without any check!"

We fully sympathize, moreover, with that benevolent spirit which has induced the formation of an association of ladies in London to instruct "poor mothers" how to feed their children. Feeding-bottles are supplied to such mothers, with full directions how to use them, and what to put in them. As the editor intimates, in a poetical quotation, with these poor women, nearly always, the

"Evil is wrought
For want of thought,
And not for want of heart."

In conclusion, we wish to make one more reference to the question of how much climate and atmosphere affect children; and whether many other influences are not far more active than they are in causing death among them. And to this end we cannot do better than to again draw upon the source of our previous selections. "It is evident, therefore, that if anything can be done to diminish this great mortality, it is in the large towns, where babes and sucklings die off so fast from preventible causes, that the remedy should be applied; for the high death-rate is not attributable to the air of great cities. 'To preserve the life of a child,' says M. Benoiston de Chateauneuf, 'care does everything, and climate nothing, or but little.'"

Copying without Acknowledgment.—We have more than once alluded to the practice of some of our exchanges of copying articles

from other journals without giving credit to the periodical in which they first appeared. We cannot imagine that this is usually done intentionally, since nothing is easier than to expose the fraud. We do not profess to be extremely sensitive to injuries of this kind, and we have frequently allowed the fault to pass unnoticed, but where the amount appropriated from our pages is large, justice to ourselves renders it proper to call attention to it. In the last number of the *Ohio Medical and Surgical Journal* we find upwards of ten pages taken from this *JOURNAL* without acknowledgment. It is true, the matter is placed under the department of selections from "American and Foreign Intelligence," and could not, therefore, be considered as original with the *Ohio Journal*; but the neglect to credit it to us is an oversight which we should hardly have expected in that periodical.

Respect to the Memory of Dr. Henry Sargent.—At a meeting of the Worcester Association for Medical Improvement, held on Tuesday evening, 18th inst., Dr. Rufus Woodward offered the following resolutions, which were unanimously adopted; and it was voted that the Secretary offer a copy of them for publication in the *Boston Medical and Surgical Journal*.

Resolved, That the Worcester Association for Medical Improvement deeply deplore the death of Dr. Henry Sargent, one of its most earnest and valuable members.

Resolved, That we tenderly cherish the memory of Dr. Sargent, whose eminent scientific attainments, large philanthropy, urbane deportment and blameless life, endeared him, in a marked degree, to his associates and friends, as a true physician and an exemplary Christian man.

Resolved, That we tender our warmest sympathies to his bereaved friends, whose enviable privilege it has been to share his love, enjoy his society, and cheer his last days by their offices of unwearied kindness and affection.

THOS. H. GAGE, Sec'y.

"The Sands of Life" "Played Out."—Under this caption the *New York Times* gives an account of the legal means lately adopted in that city to put a stop to the disgraceful system of quackery for some years carried on by a reckless swindler representing himself, in his advertisements, as a physician "whose sands of life have nearly run out." It seems that he, with other quacks of the same sort, have been arrested, and the letters which are daily flowing in to them by mail are sent on to the Dead Letter Office at Washington, whence the money contained in them will be returned to the deluded victims of this last and boldest of the medical humbugs.

Health of the City.—The chief feature of interest in the mortality report of last week is the large number of deaths of females, no less than 47 having been reported, to 27 males. Ten of the females were over 70 years of age, and one died of scarlatina at the age of 42. The number of deaths in the corresponding week of 1857 was 58, of which 10 were from consumption, 2 from pneumonia, and 4 from scarlatina.

CORRECTION.—On page 328 of the last number, the title of Dr. Spooner's Address before the Norfolk District Medical Society is incorrectly given; it should be, "On the different Modes of Treating Diseases."

Deaths in Boston for the week ending Saturday noon, May 22d, 74. Males, 27—Females, 47.—Accident, 1—anaemia, 1—inflammation of the bowels, 2—bronchitis, 1—cancer (in the face), 1—consumption, 13—convulsions, 2—colic, 1—dysentery, 1—diarrhoea, 1—diabetes, 1—dropsy, 2—dropsy in the head, 1—infantile diseases, 6—puerperal, 1—scarlet fever, 3—typhoid fever, 3—disease of the heart, 1—intemperance, 1—laryngitis, 1—inflammation of the lungs, 2—disease of the liver, 2—marasmus, 3—measles, 2—old age, 8—palsy, 2—peritonitis, 1—suicide, 1—teething, 3—unknown, 2—whooping cough, 2.

Under 5 years, 23—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 16—above 60 years, 13. Born in the United States, 49—Ireland, 21—other places, 4.

Puerperal Convulsions.—Dr. James M. Newman presented a report on this subject to the Buffalo Medical Association, at a late meeting, which is published in full in the Buffalo Medical Journal, comprising some account of 33 cases collected from various sources. Of these, 17 were primiparae, 9 multiparae, 7 not stated. Recovered, 24; died, 9. Described as anasarca, 7. The urine was albuminous in 12 cases; not albuminous in 2; dark colored in 2; no secretion of urine in 2; and condition not noted in 19. Ether or chloroform was employed after bloodletting in 19 cases—and of these, 16 recovered and 3 died; employed without bloodletting, 9—and of these, 6 recovered and 3 died. Convulsive movements modified and controlled by anesthetics, in 23 cases; convulsions not diminished by them, in 6 cases. Two cases proved fatal in which chloroform was administered without previous treatment being indicated.

Medical Society of the State of Georgia.—At the Annual Meeting of this Society, held at Madison on the 14th ult., besides the usual business of the meeting, the subject of petitioning the Legislature for a change in the laws of the State respecting the procuring of dead bodies for dissection, was acted upon. A petition from the Society, in connection with the Medical Colleges of the State, was agreed upon, asking of the Legislature such provisions by law as will legalize the study of anatomy by dissections.

Queru's Cod Liver Oil Jelly is to many a much more palatable way of taking this oil than any other, and should be tried. Another preparation of a like nature is the jelly of oil of ethal. This substance, which is in fact the head matter of the sperm whale, has been proposed as a substitute for the cod liver oil, and used to some extent in this city. Our own experience with it, though quite limited, has not been satisfactory. This jelly, however, is very palatable, although it contains 85 per cent. of oil.—*American Medical Monthly.*

The Abrahamic Covenant.—The sensation created in Austria by the refusal of a Jewish physician to have his son circumcised, on the score of the dangerous character of the operation, has given rise to a thorough scientific discussion of the subject in a Viennese medical paper, entitled *Austrian Gazette of Practical Medicine*, in which the following results are arrived at:—1. That circumcision, as a medical operation, presents no kind of danger whatever; that if it should be followed by any untoward consequence, it is owing to the unskilfulness of the operator. 2. That the mortality amongst Jewish children is not greater than that amongst the Gentile children of the same class. 3. That circumcision exercises no unfavorable influence whatever upon the Jewish constitution. 4. That it protects from various physical evils, which it either altogether averts or greatly mitigates.—*Abridged from Lien D'Israel.*

Illegitimacy in Scotland.—During the month of February there were registered in the eight principal towns of Scotland the births of 2584 children, of whom 1312 were males and 1272 females. Of that number 2363 were legitimate, and 221 illegitimate, which gives the high proportion of one illegitimate to every 11.6 births, 8.5 per cent. of the births thus being illegitimate. The proportions of illegitimate births in the several towns (considering Edinburgh and Leith as one town) were as follow:—In Greenock, 4.6 per cent. of the births were illegitimate; in Glasgow, 6.9; in Perth, 7.5; in Paisley, 7.9; in Edinburgh and Leith, 9.3; in Dundee, 9.6; while in Aberdeen the proportion was 19.5 per cent.—*London Lancet*, March 20th, 1858.

How to keep Rooms cool in Summer.—Lord Rosse has denied the absurd prediction, that the approaching summer will be an extraordinarily hot one. Still, it may be well that medical men should be forearmed with the means of cooling their own and their patients' rooms. A flat vessel filled with water, and on which are floated branches of trees covered with green leaves, is a very pleasant and efficacious means, and is much employed in Germany. The suspension of Indian matting, previously dampened, at the open window, tends much to diminish the heat. This matting may be imitated by any kind of plaited grass.—*Ibid.*

A new "retreat" for the insane has been opened at Canandaigua, N. Y., by Dr. George Cook, who has had much experience in this line of practice at the New York State Lunatic Asylum.